



AF | E684
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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-----------------------|
| | | Application Number | 09/779900-Conf. #6608 |
| | | Filing Date | February 8, 2001 |
| | | First Named Inventor | Norbert Ohlenbusch |
| | | Art Unit | 2684 |
| | | Examiner Name | T. Gesesse |
| Total Number of Pages in This Submission | 27 | Attorney Docket Number | P0663.70015US00 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

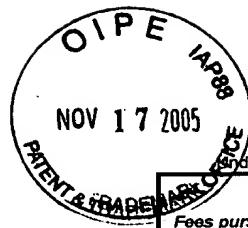
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------------|----------|--------|
| Firm Name | WOLF, GREENFIELD & SACKS, P.C. | | |
| Signature | | | |
| Printed name | Robert M. Abrahamsen | | |
| Date | November 15, 2005 | Reg. No. | 40,886 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/15/05

Signature: Pamela Smith-Victor (Pamela Smith-Victor)



NOV 17 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 280.00

| <i>Complete if Known</i> | |
|--------------------------|-----------------------|
| Application Number | 09/779900-Conf. #6608 |
| Filing Date | February 8, 2001 |
| First Named Inventor | Norbert Ohlenbusch |
| Examiner Name | T. Gesesse |
| Art Unit | 2684 |
| Attorney Docket No. | P0663.70015US00 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|--|--------------------|--|-------------------------|--|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

| <u>Small Entity</u> | |
|---------------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| - 20 = | x | = | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| 180 | | | | 180 180 |

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| - 3 = 1 | x 100 | = 100 | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

| <u>SUBMITTED BY</u> | | | | |
|---------------------|----------------------|--------------------------------------|--------|--------------------------|
| Signature | | Registration No. (Attorney/Agent) | 40,886 | Telephone (617) 646-8256 |
| Name (Print/Type) | Robert M. Abrahamsen | | Date | November 15, 2005 |

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Dated: 11/15/05

Signature:

(Pamela Smith-Victor)



Docket No.: P0663.70015US00
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norbert Ohlenbusch et al.
Serial No.: 09/779900
Confirmation No.: 6608
Filed: February 8, 2001
For: INTELLIGENT DATA NETWORK WITH POWER MANAGEMENT
CAPABILITIES
Examiner: T. Gesesse
Art Unit: 2684

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/15/05

Pamela Smith-Victor
Pamela Smith-Victor

SUBMISSION OF DRAWINGS

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is one set (four sheets, four figures) of drawings for filing in the above-identified Patent application.

Dated: November 15, 2005

Respectfully submitted,

By: _____

[Signature]
Robert M. Abrahamsen
Registration No.: 40,886
WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
(617) 646-8000